DEPARTMENT OF CORRECTIONS
AGENCY OF HUMAN SERVICES
STATE OF VERMONT

NUMBER

_____ POLICY
_____ DIRECTIVE
_____ PROCEDURE
361.01.08 PROTOCOL

SUBJECT	EFFECTIVE DATE	REVIEWED AND RE-ISSUED	SUPERSEDES
Management of Chemical Dependency and Withdrawal	8/20/97		NEW

RECOMMENDED FOR APPROVAL BY:	AUTHORIZED BY:
SIGNATURE	SIGNATURE

I. AUTHORITY

28 V.S.A. Section 801; 28 V.S.A. Section 903; 28 V.S.A. Section 906; 28 V.S.A. Section 907.

II. PURPOSE STATEMENT

The purpose of this protocol is to provide a standard by which inmates chemically dependent upon, withdrawing from, and/or intoxicated from alcohol and/or drugs are managed such that their withdrawal symptoms are attenuated as much as possible, life-threatening and non-life-threatening withdrawals are treated appropriately, and suitable referrals and assistance towards the promotion of healthier lifestyles are made.

III. APPLICABILITY/ACCESSIBILITY

All individuals and groups affected by the operations of the Vermont Department of Corrections may have a copy of this protocol.

IV. DEFINITIONS

Mental Health Professional: means a person with professional training, experience and demonstrated competence in the treatment of mental illness, who is a physician, psychiatrist, psychologist, social worker, nurse or other qualified person determined by the commissioner of mental health and mental retardation.

Advanced Clinical Provider: Nurse practitioner, physician's assistant, physician or dentist.

Detoxification: refers to the process by which an individual is gradually withdrawn from a drug by the administration of decreasing doses of the drug upon which the person is physiologically dependent, one that is cross-tolerant to it, or a drug that has been demonstrated to be effective on the basis of medical research.

Chemical Dependency: refers to the state of physiological and/or psychological dependence on alcohol, opium derivatives, synthetic drugs with morphine-like properties (opiates), stimulants, anxiolytics, and/or depressants.

V. PROTOCOL

A. Management of Inmates who are Intoxicated
   1. Inmates who are suspected to be experiencing symptoms of drug or alcohol withdrawal will be referred to the health care unit for evaluation of their symptoms.
   2. Officer training shall include recognition of signs and symptoms of recent ingestion and the appropriate course of action to follow.

B. Management of Inmates Experiencing Acute Withdrawal
   1. Inmates experiencing severe withdrawal
      a. An inmate suspected of experiencing any degree of withdrawal from alcohol or other drugs shall be referred immediately for medical attention.
      b. The health care professional shall determine whether the inmate requires transfer to a primary care setting.
      c. If a health care professional is not available, the supervisor shall initiate transfer of the inmate to a primary care setting with consultation from on-call health services personnel.
      d. Correctional and clinical staff shall receive training pertaining to the severity of alcohol withdrawal, signs and symptoms, and characteristics of additional withdrawal syndromes (i.e., barbiturates).
   2. Treatment and observation of inmates manifesting mild or moderate symptoms of withdrawal from alcohol or other drugs
      a. Treatment consists of the attenuation of symptoms and can be managed in a convalescent or non-inpatient setting.
      b. Detoxification of these individuals remains a medical issue and should be managed by the medical staff. Mental health staff shall be consulted for the following:
         (1) when an inmate has special emotional needs at the time of detoxification such as suicidality; and
         (2) questions related to any potential relationships between substance abuse and mental illness.
      c. Withdrawal syndromes in certain groups (including psychotics, geriatrics, epileptics, pregnant inmates, juveniles, and inmates otherwise medically ill) may require special attention and should be monitored more closely.
   3. Inmates displaying more severe levels of intoxication or withdrawal shall be kept under a high level of observation by qualified health professionals or health-trained correctional officers. A transfer to a licensed acute care facility should occur when and if it becomes necessary.

C. Chemically Dependent Inmate

1. Upon admission to a DOC facility, the inmate's medical history of prior alcohol and drug use will be obtained as part of the receiving screening process.
2. As part of the medical intake process, inmates will be assessed for chemical dependence in accordance with EMSA Health Assessment (J-33) policy and procedure.
3. The diagnosis of chemical dependency or substance abuse will be made by an advanced clinical provider or mental health professional qualified to diagnose. It will be listed on his or her problem list identifying the type and severity of the substance for which the inmate gives a history of abuse.
4. Assessment and treatment services for inmates with a diagnosis of chemical dependency or substance abuse shall be managed by the inmate's caseworker.
5. Training in the recognition of signs and symptoms for chemical dependency will be provided for correctional officers and health care staff during their orientation and training processes.

D. Treatment for inmates with substance abuse problems or addiction

1. The department provides services related to the recognition, assessment, management and treatment of inmates with alcohol and/or other drug problems.
2. Services shall be made available to inmates based on a variety of factors, including, but not limited to, severity of need, classification status, housing, and availability.
3. Mental health professionals treating substance abuse problems should be properly qualified and/or licensed in dealing with such issues.

VI. REFERENCES

28 V.S.A. Section 801; 28 V.S.A. Section 903; 28 V.S.A. Section 906; 28 V.S.A. Section 907.

NCCHC Adult Standards 1992 P-52, P-59
NCCHC Adult Standards 1996 J-52, J-54

ACA 1990 3-4370, 3-4371

VII. DRAFT PARTICIPANTS

This directive was drafted by Thomas Powell, Ph.D., Clinical Director, 103 S. Main St., Waterbury, VT 05671. Also actively participating in development of this directive were Erin Turbitt, Sandy Dengler, Shirley Meier, R.N., M.Ed., and Chris Carr, Ph.D.